

## DECLARATION FOR "371" APPLICATION

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**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT  
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET  
**PU4962USw**First Names Inventor:  
KazmierskiComplete if known:  
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CCR5 ANTAGONISTS AS THERAPEUTIC AGENTS**

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on \_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT InternationalApplication Number PCT/US03/39644 filed Dec. 12, 2003 and was amended on (MM/DD/YYYY)  
\_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/433,634	12/13/2002	
2.		
3.		

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## DECLARATION FOR "371" APPLICATION

Page 2 of 4

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER  
PU4962USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
Customer Number 23347 and Customer Number 20462

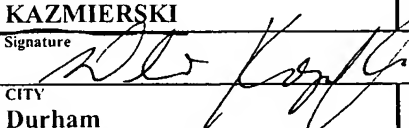
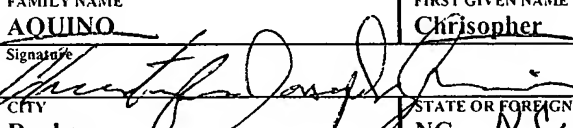

Address all correspondence and telephone calls to Customer Number 23347

David J. Levy  
Corporate Intellectual Property  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

Bonnie L. Deppenbrock  
919-483-1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2001	FULL NAME OF INVENTOR	FAMILY NAME <b>KAZMIERSKI</b>	FIRST GIVEN NAME <b>Wieslaw</b>	SECOND GIVEN NAME/INITIAL <b>Mieczyslaw</b>
	INVENTOR'S SIGNATURE	Signature 	Date:	<b>Feb 16, 2004</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2002	FULL NAME OF INVENTOR	FAMILY NAME <b>AQUINO</b>	FIRST GIVEN NAME <b>Christopher</b>	SECOND GIVEN NAME/INITIAL <b>Joseph</b>
	INVENTOR'S SIGNATURE	Signature 	Date:	<b>2-16-2004</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
3003	FULL NAME OF INVENTOR	FAMILY NAME <b>BIEULCO</b>	FIRST GIVEN NAME <b>Neil</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 	Date:	<b>2/16/04</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

## DECLARATION FOR "371" APPLICATION

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4-00	2	FULL NAME OF INVENTOR	FAMILY NAME <u>BOROS</u>	FIRST GIVEN NAME <u>Eric</u>	SECOND GIVEN NAME/INITIAL <u>Eugene</u>
		INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP US
	4	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>
5-00		FULL NAME OF INVENTOR	FAMILY NAME <u>CHAUDER</u>	FIRST GIVEN NAME <u>Brian</u>	SECOND GIVEN NAME/INITIAL <u>Andrew</u>
		INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP CA
	5	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>
6-00		FULL NAME OF INVENTOR	FAMILY NAME <u>CHONG</u>	FIRST GIVEN NAME <u>Pek</u>	SECOND GIVEN NAME/INITIAL <u>Yoke</u>
		INVENTOR'S SIGNATURE	Signature <u>Chong Pek</u>		Date: <u>2/16/04</u>
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP MY
	6	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>
7-00		FULL NAME OF INVENTOR	FAMILY NAME <u>DUAN</u>	FIRST GIVEN NAME <u>Maosheng</u>	SECOND GIVEN NAME/INITIAL
		INVENTOR'S SIGNATURE	Signature <u>Maosheng Duan</u>		Date: <u>2/16/2004</u>
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP CN
	7	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>
8-00		FULL NAME OF INVENTOR	FAMILY NAME <u>DEANDA, Jr.</u>	FIRST GIVEN NAME <u>Felix</u>	SECOND GIVEN NAME/INITIAL
		INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP US
	8	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>
9-00		FULL NAME OF INVENTOR	FAMILY NAME <u>KOBLE</u>	FIRST GIVEN NAME <u>Cecilia</u>	SECOND GIVEN NAME/INITIAL <u>Suarez</u>
		INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP VE
	9	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>
10-00		FULL NAME OF INVENTOR	FAMILY NAME <u>MCLEAN</u>	FIRST GIVEN NAME <u>Ed</u>	SECOND GIVEN NAME/INITIAL <u>Williams</u>
		INVENTOR'S SIGNATURE	Signature <u>Ed McLean</u>		Date: <u>2/16/2004</u>
	1	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP US
	0	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>

## DECLARATION FOR "371" APPLICATION

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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
11-00		<b>PECKHAM</b>	Jennifer	<b>Pool</b>
	INVENTOR'S SIGNATURE	Signature		Date:
		<i>Jennifer P Peckham</i>		2/16/04
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		<u>Durham</u>	NC <u>NC</u>	US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
12-00		<b>PERKINS</b>	Angilique	<b>C</b>
	INVENTOR'S SIGNATURE	Signature		Date:
		<i>Angilique C. Perkins</i>		2/16/04
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		<u>Durham</u>	NC <u>NC</u>	US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
13-00		<b>THOMPSON</b>	James	<b>Benjamin</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		<u>Durham</u>	NC <u>NC</u>	US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
14-00		<b>VANDERWALL</b>	Dana	
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		<u>Durham</u>	NC <u>NC</u>	US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

## DECLARATION FOR "371" APPLICATION

Page 1 of 4

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT  
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET  
**PU4962USw**First Names Inventor:  
KazmierskiComplete if known:  
App No.:☐ Declaration submitted with initial filing or☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

Filing Date

Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CCR5 ANTAGONISTS AS THERAPEUTIC AGENTS**

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on \_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT InternationalApplication Number PCT/US03/39644 filed Dec. 12, 2003 and was amended on (MM/DD/YYYY)  
\_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/433,634	12/13/2002
2.	
3.	

DECLARATION FOR "371" APPLICATION  
Page 2 of 4

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

ATTORNEY'S DOCKET NUMBER  
**PU4962USw**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to Customer Number **23347**

David J. Levy  
Corporate Intellectual Property  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

Bonnie L. Deppenbrock  
919-483-1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME <b>KAZMIERSKI</b>	FIRST GIVEN NAME <b>Wieslaw</b>	SECOND GIVEN NAME/INITIAL <b>Mieczyslaw</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>AQUINO</b>	FIRST GIVEN NAME <b>Chrisopher</b>	SECOND GIVEN NAME/INITIAL <b>Joseph</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>BIFULCO</b>	FIRST GIVEN NAME <b>Neil</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>


## DECLARATION FOR "371" APPLICATION

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2	FULL NAME OF INVENTOR	FAMILY NAME <b>BOROS</b>	FIRST GIVEN NAME <b>Eric</b>	SECOND GIVEN NAME/INITIAL <b>Eugene</b>
0	INVENTOR'S SIGNATURE	Signature <i>Eric Eugene Boros</i>		Date: <i>2/16/09</i>
4	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHAUDER</b>	FIRST GIVEN NAME <b>Brian</b>	SECOND GIVEN NAME/INITIAL <b>Andrew</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
5	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>CA</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHONG</b>	FIRST GIVEN NAME <b>Pek</b>	SECOND GIVEN NAME/INITIAL <b>Yoke</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
6	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>MY</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>DUAN</b>	FIRST GIVEN NAME <b>Maosheng</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		Date:
7	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>CN</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>DEANDA, Jr.</b>	FIRST GIVEN NAME <b>Felix</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		Date:
8	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>KOBLE</b>	FIRST GIVEN NAME <b>Cecilia</b>	SECOND GIVEN NAME/INITIAL <b>Suarez</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
9	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>VE</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>MCLEAN</b>	FIRST GIVEN NAME <b>Ed</b>	SECOND GIVEN NAME/INITIAL <b>Williams</b>
1	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

## DECLARATION FOR "371" APPLICATION

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2	FULL NAME OF INVENTOR	FAMILY NAME <b>PECKHAM</b>	FIRST GIVEN NAME <b>Jennifer</b>	SECOND GIVEN NAME/INITIAL <b>Poole</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>PERKINS</b>	FIRST GIVEN NAME <b>Angilique</b>	SECOND GIVEN NAME/INITIAL <b>C</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>THOMPSON</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Benjamin</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>VANDERWALL</b>	FIRST GIVEN NAME <b>Dana</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: <b>5/31/05</b>
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>



## DECLARATION FOR "371" APPLICATION

Page 1 of 4

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET  
**PU4962USw**First Names Inventor:  
KazmierskiComplete if known:  
App No.:

Filing Date

Group Art Unit:

( ) Declaration submitted with initial filing or

( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CCR5 ANTAGONISTS AS THERAPEUTIC AGENTS**

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ x ] was filed on \_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number PCT/US03/39644 filed Dec. 12, 2003 and was amended on (MM/DD/YYYY)  
\_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/433,634	12/13/2002	
2.		
3.		

DECLARATION FOR "371" APPLICATION  
Page 2 of 4

<b>COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY</b> Continued				ATTORNEY'S DOCKET NUMBER <b>PU4962USw</b>	
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
<b>PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION</b>					
U.S. Parent Application or PCT Parent Number			Parent Filing Date (MM/DD/YYYY)		STATUS (Check one)
PATENTED			PENDING		ABANDONED
<p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number <b>23347</b> and Customer Number <b>20462</b></p>					
Address all correspondence and telephone calls to Customer Number <b>23347</b> <b>David J. Levy</b> Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398				Direct Telephone Calls to:  <p style="text-align: center;"><b>Bonnie L. Deppenbrock</b> 919-483-1577</p>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
2   0  1	FULL NAME OF INVENTOR	FAMILY NAME <b>KAZMIERSKI</b>	FIRST GIVEN NAME <b>Wieslaw</b>	SECOND GIVEN NAME/INITIAL <b>Mieczyslaw</b>	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>	
2   0  2	FULL NAME OF INVENTOR	FAMILY NAME <b>AQUINO</b>	FIRST GIVEN NAME <b>Chrisopher</b>	SECOND GIVEN NAME/INITIAL <b>Joseph</b>	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>	
2   0  3	FULL NAME OF INVENTOR	FAMILY NAME <b>BIFULCO</b>	FIRST GIVEN NAME <b>Neil</b>	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>	

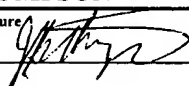
## DECLARATION FOR "371" APPLICATION

Page 3 of 4

2	FULL NAME OF INVENTOR	FAMILY NAME <b>BOROS</b>	FIRST GIVEN NAME <b>Eric</b>	SECOND GIVEN NAME/INITIAL <b>Eugene</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
4	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHAUDER</b>	FIRST GIVEN NAME <b>Brian</b>	SECOND GIVEN NAME/INITIAL <b>Andrew</b>
0	INVENTOR'S SIGNATURE	Signature <i>Brian A Chauder</i>		Date: <i>2-16-04</i>
5	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>CA</b>
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHONG</b>	FIRST GIVEN NAME <b>Pek</b>	SECOND GIVEN NAME/INITIAL <b>Yoke</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
6	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>MY</b>
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>DUAN</b>	FIRST GIVEN NAME <b>Maosheng</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		Date:
7	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>CN</b>
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>DEANDA, Jr.</b>	FIRST GIVEN NAME <b>Felix</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		Date:
8	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>KOBLE</b>	FIRST GIVEN NAME <b>Cecilia</b>	SECOND GIVEN NAME/INITIAL <b>Suarez</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
9	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>VE</b>
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>MCLEAN</b>	FIRST GIVEN NAME <b>Ed</b>	SECOND GIVEN NAME/INITIAL <b>Williams</b>
1	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
0	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

## DECLARATION FOR "371" APPLICATION

Page 4 of 4

2	FULL NAME OF INVENTOR	FAMILY NAME <b>PECKHAM</b>	FIRST GIVEN NAME <b>Jennifer</b>	SECOND GIVEN NAME/INITIAL <b>Poole</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>PERKINS</b>	FIRST GIVEN NAME <b>Angilique</b>	SECOND GIVEN NAME/INITIAL <b>C</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>THOMPSON</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Benjamin</b>
	INVENTOR'S SIGNATURE	Signature 		Date: <i>16 February 2004</i>
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>VANDERWALL</b>	FIRST GIVEN NAME <b>Dana</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

## DECLARATION FOR "371" APPLICATION

Page 1 of 4

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT  
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET  
**PU4962USw**First Names Inventor:  
Kazmierski**Complete if known:**  
App No.:

Filing Date

Group Art Unit:

( ) Declaration submitted with initial filing or

( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CCR5 ANTAGONISTS AS THERAPEUTIC AGENTS**

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ x ] was filed on \_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number **PCT/US03/39644** filed **Dec. 12, 2003** and was amended on (MM/DD/YYYY)  
\_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/433,634	12/13/2002	
2.		
3.		

## DECLARATION FOR "371" APPLICATION

Page 2 of 4

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER  
**PU4962USw**

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION****STATUS (Check one)**U.S. Parent Application or PCT Parent  
NumberParent Filing Date  
(MM/DD/YYYY)

PATENTED

PENDING

ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to **Customer Number 23347**

David J. Levy  
Corporate Intellectual Property  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

Bonnie L. Deppenbrock  
919-483-1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		KAZMIERSKI	Wieslaw	Mieczyslaw
0	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		AQUINO	Christopher	Joseph
0	INVENTOR'S SIGNATURE	Signature		Date:
2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		BIFULCO	Neil	
0	INVENTOR'S SIGNATURE	Signature		Date:
3	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

## DECLARATION FOR "371" APPLICATION

Page 3 of 4

2	FULL NAME OF INVENTOR	FAMILY NAME <b>BOROS</b>	FIRST GIVEN NAME <b>Eric</b>	SECOND GIVEN NAME/INITIAL <b>Eugene</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
4	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHAUDER</b>	FIRST GIVEN NAME <b>Brian</b>	SECOND GIVEN NAME/INITIAL <b>Andrew</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
5	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>CA</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHONG</b>	FIRST GIVEN NAME <b>Pek</b>	SECOND GIVEN NAME/INITIAL <b>Yoke</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
6	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>MY</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>DUAN</b>	FIRST GIVEN NAME <b>Maosheng</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		Date:
7	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>CN</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>DEANDA, Jr.</b>	FIRST GIVEN NAME <b>Felix</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		Date:
8	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>KOBLE</b>	FIRST GIVEN NAME <b>Cecilia</b>	SECOND GIVEN NAME/INITIAL <b>Suarez</b>
0	INVENTOR'S SIGNATURE	Signature <i>Cecilia Koble</i>		Date: <i>Feb 16, 2004</i>
9	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>VE</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>MCLEAN</b>	FIRST GIVEN NAME <b>Ed</b>	SECOND GIVEN NAME/INITIAL <b>Williams</b>
1	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

## DECLARATION FOR "371" APPLICATION

Page 4 of 4

2	FULL NAME OF INVENTOR	FAMILY NAME <b>PECKHAM</b>	FIRST GIVEN NAME <b>Jennifer</b>	SECOND GIVEN NAME/INITIAL <b>Poole</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>PERKINS</b>	FIRST GIVEN NAME <b>Angilique</b>	SECOND GIVEN NAME/INITIAL <b>C</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>THOMPSON</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Benjamin</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
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2	FULL NAME OF INVENTOR	FAMILY NAME <b>VANDERWALL</b>	FIRST GIVEN NAME <b>Dana</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>



## DECLARATION FOR "371" APPLICATION

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**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT  
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET  
PU4962USwFirst Names Inventor:  
KazmierskiComplete if known:

App No.:

☐ Declaration submitted with initial filing or☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

Filing Date

Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CCR5 ANTAGONISTS AS THERAPEUTIC AGENTS**

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on \_\_\_\_\_ as United States application Serial No. \_\_\_\_\_ or PCT InternationalApplication Number PCT/US03/39644 filed Dec. 12, 2003 and was amended on (MM/DD/YYYY)  
\_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

**PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/433,634	12/13/2002	
2.		
3.		

## DECLARATION FOR "371" APPLICATION

Page 2 of 4

**COMBINED DECLARATION FOR UTILITY or DESIGN  
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER  
PU4962USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION****STATUS (Check one)**U.S. Parent Application or PCT Parent  
NumberParent Filing Date  
(MM/DD/YYYY)

PATENTED

PENDING

ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

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919-483-1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		KAZMIERSKI	Wieslaw	Mieczyslaw
0	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		AQUINO	Christopher	Joseph
0	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		BIFULCO	Neil	
0	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

## DECLARATION FOR "371" APPLICATION

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2	FULL NAME OF INVENTOR	FAMILY NAME <b>BOROS</b>	FIRST GIVEN NAME <b>Eric</b>	SECOND GIVEN NAME/INITIAL <b>Eugene</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
4	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
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2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHAUDER</b>	FIRST GIVEN NAME <b>Brian</b>	SECOND GIVEN NAME/INITIAL <b>Andrew</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
5	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>CA</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>CHONG</b>	FIRST GIVEN NAME <b>Pek</b>	SECOND GIVEN NAME/INITIAL <b>Yoke</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
6	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>MY</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>DUAN</b>	FIRST GIVEN NAME <b>Maosheng</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		Date:
7	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>CN</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>DEANDA, Jr.</b>	FIRST GIVEN NAME <b>Felix</b>	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature <i>Felix Deanda Jr.</i>		Date: <i>2/17/2014</i>
8	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
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2	FULL NAME OF INVENTOR	FAMILY NAME <b>KOBLE</b>	FIRST GIVEN NAME <b>Cecilia</b>	SECOND GIVEN NAME/INITIAL <b>Suarez</b>
0	INVENTOR'S SIGNATURE	Signature		Date:
9	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>VE</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>MCLEAN</b>	FIRST GIVEN NAME <b>Ed</b>	SECOND GIVEN NAME/INITIAL <b>Williams</b>
1	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

## DECLARATION FOR "371" APPLICATION

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2	FULL NAME OF INVENTOR	FAMILY NAME <b>PECKHAM</b>	FIRST GIVEN NAME <b>Jennifer</b>	SECOND GIVEN NAME/INITIAL <b>Poole</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>PERKINS</b>	FIRST GIVEN NAME <b>Angilique</b>	SECOND GIVEN NAME/INITIAL <b>C</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>THOMPSON</b>	FIRST GIVEN NAME <b>James</b>	SECOND GIVEN NAME/INITIAL <b>Benjamin</b>
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
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2	FULL NAME OF INVENTOR	FAMILY NAME <b>VANDERWALL</b>	FIRST GIVEN NAME <b>Dana</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY <b>Durham</b>	STATE OR FOREIGN COUNTRY <b>NC</b>	COUNTRY OF CITIZENSHIP <b>US</b>
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